



PLYMOUTH MULTI AGENCY ADULT SAFEGUARDING RISK MANAGEMENT, SELF- NEGLECT AND HOARDING GUIDANCE

1. Introduction

There is a balance to be struck by those providing support, care and treatment on an adult's right to self-determination with the duty to safeguard adults at risk. This guidance developed using current legislation and guidance (see appendices) has been written to provide a clear pathway for agencies to follow in response to adults at risk that are self-neglecting or hoarding.

Adults may make lifestyle choices that are perceived by others to not be in their best interest or unwise; fundamental freedoms exist so that people are able to live their lives without interference unless it is necessary and proportionate to do so. Inference may be necessary and legitimate in safeguarding where required for safety of individuals or others, or where the person lacks mental capacity for a decision as to what is in their best interest.

2. Care Act 2014 and Self-Neglect & Hoarding

The Care Act and Making Safeguarding Personal set out guiding principles to consider when applying this policy to individuals who may self-neglect or hoard:

- i. Beginning with the assumption that the individual is best placed to judge their wellbeing
- ii. The individuals view, wishes, feelings and belief
- iii. Preventing or delaying development of needs for care and support and reducing needs that exist
- iv. Need to protect people from abuse and neglect
- v. Any restrictions on the individuals rights or freedom or action that is involved in the exercise of the function is kept to a minimum
- vi. Importance of individuals participation as fully as possible in decisions about them

This guidance does not provide in depth background information on self-neglect and hoarding; there is a wealth of information available and links to documents at the end of this policy.

In brief, self-neglect has been defined by the Department of Health as “... a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.”(2014)

Self-neglect differs from other safeguarding concerns as there is no perpetrators of abuse, however abuse cannot be ruled out as a purpose for becoming self-neglecting; part of the Care Act requirements are to address what has caused the self-neglect or hoarding.

Hoarding can be described as collecting and being unable to discard excessive quantities of goods or objects. As behaviour, it is quite common and most people who hoard possessions do not have a psychiatric disorder, however, in some cases the problem may progress to become so severe that it causes significant distress and impairment. Though usually covert, hoarding can also become a concern for others when health and safety are threatened by the nature or amounts of ‘clutter’ accumulating within, and sometimes overflowing from, the person’s environment.

The reasons why someone begins hoarding aren't fully understood. It can be a symptom of another condition. For example, someone with mobility problems may be physically unable to clear the huge amounts of clutter they have acquired. People with learning disabilities or people developing dementia may be unable to categorise and dispose of items. Mental health problems associated with hoarding include:

- severe depression
- psychotic disorders, such as schizophrenia
- obsessive compulsive disorder (OCD)

In some cases, hoarding is a condition in itself and often associated with self-neglect.

3. Principles

There are a number of principles which underpin this guidance:

- i. Adults can make lifestyle choices contrary to what is perceived to be common sense. Attempts to intervene must be proportionate and reasonable
- ii. Partnership approach should be used in cases where appropriate to enable powers and abilities of difference organisations to be implemented
- iii. Emergency responses will still require immediate contact with fire, police or ambulance service

- iv. A multi-agency *Risk Management Meeting* to discuss concerns, with the involvement of the adult at risk, should be a starting point. Organisations remain responsible for their role in supporting adult at risk to address the concerns
- v. Doing nothing and/or closing a case before risk has been reduced to an acceptable level with actions to minimise harm and repeat occurrences is not an option; this exposes the adult at risk to ongoing or increased harm and organisations to a failing in their duty.



Self neglect and hoarding is a complex area to work with; it requires confidence, persistence and resilience. This includes a willingness to engage in practical but unpleasant tasks at times, sometimes assertive outreach, sometimes to ask what has been described as ‘care-frontational questions’. Therefore greater account should be taken in the allocation of such work of practitioners’ special interests and skills. Moreover the work can prove emotional, challenging, anxiety-provoking and frustrating. This requires recognition and containment so supervision, which includes checking out the practitioner’s own emotional and physical wellbeing, and health and safety, is essential. It enables practitioners to reflect, to talk through cases and the dilemmas they present, and to explore possible innovative ways to engage and practise. The support of team and multi-agency colleagues is therefore critical too, for sharing ideas and debriefing.

4. Mental Capacity

Adults should be presumed to have capacity; there may be cases where a person may lack understanding and insight into the impact of their actions / inactions on their or other’s wellbeing. When an individual’s behaviour or circumstances cast doubt as to whether they have capacity to make a decision, then a capacity assessment should be carried out in line

with the Mental Capacity Act (MCA) 2005. Professionals must act in accordance with the MCA and the overriding principle that every action is carried out in the best interest of the person concerned, including regard to what are believed to be the person's wishes and feelings.

Braye et al. (2011) note in 'Self-Neglect and Adult Safeguarding: Findings from Research' that mental capacity affects perception of risk and intervention focus. Mental capacity involves not only weighing up information and being able to understand consequences of decisions and actions, but also the ability to implement those actions. For those who self-neglect and lack mental capacity for the particular decision, the intervention focus will be to reduce risk through a best interest decision.

Any capacity assessment in relation to self-neglect or hoarding behaviour must be time specific and relate to a specific intervention or action. They should be appropriately recorded. Best interest decisions should be taken formally with the person, the professionals involved and anyone with an interest in the person's welfare, such as members of the family. The Mental Capacity Act provides that taking of those steps needed to remove the risks and provide care will not be unlawful, provided that the taking of them does not involve using any methods of restriction that would deprive that person of their liberty. In particularly challenging circumstances it may be necessary to refer to the Court of Protection to make the best interest decision. Any referral to the Court of Protection should be discussed with legal services and service management.

5. Responses to concerns about Self Neglect and Hoarding

People may be successfully supported under usual case management or single / multi-agency support, using the principles of adult safeguarding in its broader terms. Where the risk to the safety and wellbeing of an adult or others are becoming more critical, a more formal adult safeguarding approach will be required.

5.1 Engaging the adult at risk

Regardless of what process, organisations or pathway is used to work with an adult at risk who is self-neglecting or hoarding, the starting point will always be engaging with the individual. Positive outcomes can be achieved through operational approaches informed by an understanding of the unique experience of each individual balanced with strategic and management input.

In engaging with the adult consider whether:

- they have the necessary information in a format they can understand
- check whether they understand options and consequences of their choices
- listen to their reasons for mistrust, disengagement, refusal and their choices

- there is the time to have conversations over a period and building up of a relationship
- consider whom (whether family, advocate, other professional) can support you to engage with the adult
- always involve solicitors, receivers, Court of Protection appointed deputies or representatives if the adult has one
- determine if plan for agreed actions / outcome for person who has fluctuating capacity is in place during a time when they had capacity for that decision
- person to attend meetings where possible

The family member or carer of an adult at risk should be engaged where the adult at risk has provided consent. This will include being part of planning, decision making and whether they are willing and able to provide support. There are duties under the Care Act for carers and in relation to Carers Assessments.

5.2 Managing single agency or multi-agency outside of safeguarding

Self-neglect and hoarding can in some cases be managed outside of adult safeguarding procedures; professional judgement is needed to consider the level of risk, how this is being managed, the capacity of the adult at risk, and any other person / child affected (Please refer to Appendix I - self-neglect and hoarding threshold tool).

Incidents that are low risk and may be managed outside of adult safeguarding formal procedures. This could potentially be address through mechanisms such as engagement with and support the person to address their concern, engagement with community activities, or access to health care and counselling.

Professional judgement is key, any factor or issue may move a low risk situation into a higher threshold which would warrant consideration under adult safeguarding.

5.3 Referrals under adult safeguarding policy

The operation of Plymouth Multi Agency Adult Safeguarding Policy & Procedures should be used to inform the process for raising an adult safeguarding concern and the response. Referrals can consider concerns with respect to the welfare of the person; state of the property and effect on their own health / property; concerns for children at the property and or concerns for animals at the property.

Any concerns with respect to children, and the potential for harm or neglect, should be referred to children's services.

Safeguarding arena can provide a space for:

- Identifying with the adult at risk their wishes, views, beliefs and the outcome they want to achieve
- Discussions and assessments around capacity and best interest decisions

- Multi-agency sharing of information to address the risk assessment and risk management plan
- Looking at what may be contributing to the behaviour and working to address this from a preventative framework.

Once a self-neglect or hoarding referral is within the safeguarding remit, a decision will be made in line with policies around the organisation best suited to undertake the enquiries or work with the adult at risk. The Local Authority, under the Care Act, retains the responsibility for co-ordination and having assurance that risk has been managed appropriately before any closure can take place.

If a partner organisation is caused to undertake the enquiry, the sharing of information should include any risks to the organisations employee through home visits. This would be relevant for example if the fire service are asked to undertake a home fire safety assessment and are going into a hoarders home, where for example past evidence of abusive behaviour was known.

Risk assessment in cases of hoarding should take into account the *Clutter Image Scale* (Appendix 2).

If an adult at risk refuses or declines an assessment, services or support, a risk assessment under safeguarding must be carried out by the local authority or the organisation that has been caused to undertake the enquiry, to determine the level of seriousness of each identified risk.

Intervention must be person centred, involving the individual as far as possible in understanding the risk assessment and the alternatives for managing the risk. Information should be shared with other relevant professionals who may have a contribution to make in managing or monitoring the risks.

Consideration must be given to the mental capacity of the individual and whether they require support in their decision making or, following an assessment that the individual lacks capacity, whether a best interest decision might be appropriate.

There are a number of mechanisms for managing self neglect and hoarding within adult safeguarding, which are set out below.

5.3.1 Risk Management Meetings

The Risk Management meetings, whether single or multi agency may be successful in identifying and managing risk in a range of concerns, developing and coordinating a risk management action plan. This approach should be explored in the first instance where appropriate.

For further guidance please refer to the chapter on Risk Management Meetings

http://plysab.proceduresonline.com/chapters/p_risk_man_self.html

5.3.2 Creative Solutions Forum

The Creative Solutions Forum has developed from the need to establish a way to support individuals, staff and agencies to understand and manage risk fluidly. The Risk Management & self-neglect working group have reviewed the previous VARM (Vulnerable Adult Risk Management) to become the Risk Management process however recognise this process has some limitations.

The Forum will work together in partnership to consider creative options for people with highly complex needs and presentations that require a multi-agency response and where other single or multi-agency processes have been exhausted. Typically this will include people with a combination of substance misuse and serious physical or psychiatric co-morbidities, people who are self-neglecting and people presenting high levels of risk to themselves and the community. It may also include people that are on an end of life pathway.

Eligibility for the Forum (Terms of Reference – Appendix 3) is based on presenting need not on diagnosis or primary label, so any adult over 18 years that meets the criteria of a complex presentation that cannot be managed with a single agency response or the standard multi-agency response. It is not intended to replace “business as usual” social work or healthcare delivery but is reserved for cases with high complexity and high risk where a single agency approach is not adequate to meet need.

The Forum will provide a co-ordinated multi-agency response to need, where a range of professionals plan an integrated response together, sharing ownership of outcomes and jointly managing risk.

It is the aim of Forum for tailored packages of care to be created for the person. This will be a bespoke offer to meet their needs, which could include alternative care options, out of hour’s activities, whole family therapeutic or behavioural support, support in the home and parent/carer support and planned inpatient services

The Creative Solutions Forum (CSF) will also seek to identify gaps in provision to meet need which may be used to inform commissioning plans.

The CSF should only be applied in the following circumstances:

- The adult has needs for care and support (whether or not the local authority is meeting any of those needs) and is experiencing, or is at risk of, abuse or neglect. As a result of those care and support needs the adult is unable to protect themselves from either the risk of, or the experience of, abuse or neglect;
- The adult **has** mental capacity to make unwise decisions and choices about their life.
- The adult’s decision making means they are unable to protect themselves from the risk of serious abuse or neglect from themselves or others.
- The adult is not engaging with services to reduce the risk and has been signposted to partner agencies (based on need) to ensure partner agencies have the opportunity to intervene and provide support in a timely manner but the adult continues to make an unwise decision of their own free will not to engage with the support offered.

The forum should **not** be used as a common risk management tool to replace existing risk management processes (see above). The process may be applied when there are high level

concerns from partner agencies and all interventions and safeguarding actions have failed to achieve a positive, safe outcome.

A referral under adult safeguarding does not have to precede a referral to the Creative Solutions Forum by a partner agency.

Add hyperlink to CSF terms of reference and referral form

5.3.3 Interventions under Care Act Section 42 Enquiries

Section 42 enquiries provide an opportunity to work with the adult at risk to obtain the outcome they have identified, while addressing areas of risk through the safeguarding plan.

Section 42 enquiries in relation to self-neglect and hoarding can include, but are not limited to,

- Any enquiry into abuse and neglect that may have contributed to or precipitated the self-neglecting behaviour or hoarding
- Therapeutic responses, such as access to mental health, drug and alcohol services, bereavement services
- Brief interventions, particularly those that work to enable changes in attitude or behaviour and to handle underlying issues

Making Safeguarding Personal toolkit (Appendix 4) has a range of options available. In addition, Braye et al. (2005) suggested the following intervention options can be applied:

Theme	Examples
Being there	Maintaining contact; monitoring risk/capacity, spotting motivation
Practical input	Household equipment, repairs, benefits, 'life management'
Risk limitation	Safe drinking, fire safety, repairs
Health concerns	Doctors' appointments, hospital admissions
Care and support	Small beginnings to build trust
Cleaning / clearing	Proportionate to risk, with agreement, 'being with', attention to what follows
Networks	Family/ community, social connections, peer support
Therapeutic input	Replacing what is relinquished; psychotherapy/mental health services
Change of environment	Short term respite, a new start
Enforced action	Setting boundaries on risk to self & others

5.3.4 Legal processes

Legal processes can be implemented via single agency and not under adult safeguarding procedures. Where a person lacks capacity (refer to section 4 above) to undertake a

specific decision or they have capacity but there is significant level of risk, legal processes can be considered under the adult safeguarding procedures.

Legal processes are used to compel an individual to remove risk and or permit service access. This is again where there is a very fine balance between the rights of the individuals and the rights of others who have be affected by the behaviour, particularly in cases of hoarding.

In brief some of the legal options may include:

- i. Public Health Act 1936, Section 79: Power to require removal of noxious matter by occupier of premises
- ii. Public Health Act 1936, Section 83: Cleansing of filthy or verminous premises
- iii. Public Health Act 1936, Section 84: Cleansing or destruction of filthy or verminous articles
- iv. Prevention of Damage by Pests Act 1949, Section 4: Power of LA to require action to prevent or treat rats and mice
- v. Environmental Protection Act 1990, Section 80: Dealing with statutory nuisances
- vi. Mental Health Act 1983, Section 2 & 3: for health and safety and protection of others
- vii. Mental Health Act 1983, Section 135: removal of person to place of safety for assessment to take place

There are additional powers through housing, such as the Town and Country Planning Act and the Housing Act 2004, in which orders for repairs or enforcement action for hazards exist in any building or land posing a risk.

It is important to know when we can/may act (have the power to do so) and where we shall/must act (have a duty to do so). The first step will always be to try to gain the consent of the person being affected and to accept the necessary services to meet their needs.

Gaining access to an adult suspected to be at risk of neglect or abuse, please refer to the following SCIE guidance: <http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/>

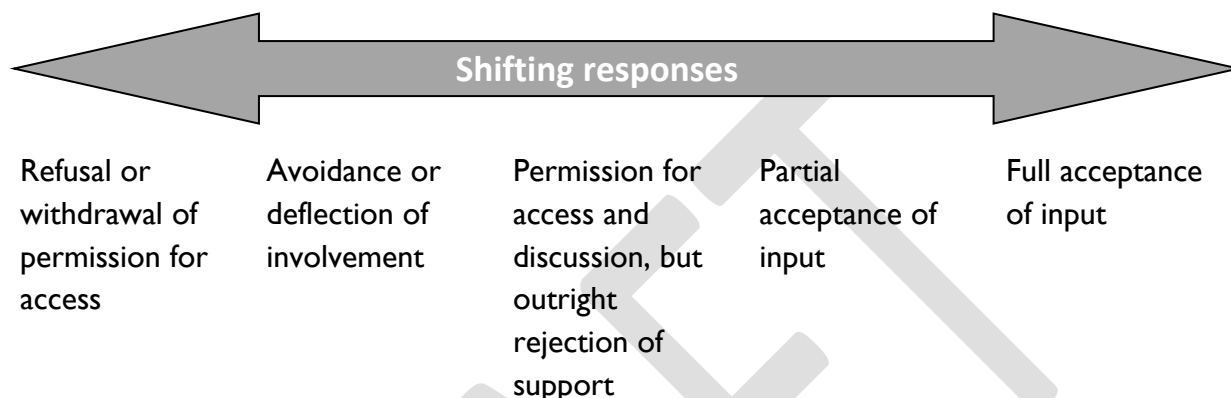
6. Responses to service refusal

The most frequent concern raised by professionals when working with adults who may self-neglect or hoard is the challenge when the person refuses to engage or accept services.

Self-neglect or hoarding needs to be understood in the context of each individual's life experience; there is no one overarching explanatory model for why people self-neglect or hoard. It is a complex interplay of association with physical, mental, social, personal and

environmental factors. A starting point is in trying to understand why the person is disengaging, may mistrust the service and their history.

Braye et al. (2005) display the difficulty due to the changing response and engagement by the adult at risk in the following illustration:



Actions which can help to get engagement in self-neglect are suggested by Braye et al. (2015) as:

Theme	Examples
Building rapport	Taking the time to get to know the person, refusing to be shocked
Moving from rapport to relationship	Avoiding kneejerk responses to self-neglect, talking through the interests, history and stories
Finding the right tone	Being honest while also being non-judgmental, separating the person from the behaviour
Going at the individuals pace	Moving slowly and not forcing things; continued involvement over time
Agreeing a plan	Making clear what is going to happen; a weekly visit might be the initial plan
Finding something that motivates the individual	Linking to interests (e.g. hoarding for environmental reasons, link into recycling initiatives)
Starting with practicalities	Providing small practical help at the outset may help build trust
Bartering	Linking practical help to another element of agreement – bargaining
Focusing on what can be agreed	Finding something to be the basis of the initial agreement, that can be built on later
Keeping company	Being available and spending time to build up trust
Straight talking	Being honest about potential consequences
Finding the right person	Working with someone who is well placed to get engagement
External levers	Recognising and working with the possibility of enforcement action

It is important to consider in multi-agency partnership settings whom may be best placed to work with the person who is disengaging and can build the most links to resolving the concerns.

If a person has capacity, is refusing to engage and there remains ongoing significant harm to a person's health, safety or wellbeing then a Risk Management meeting should be convened to ensure all available powers and duties are exhausted. Again, this needs to be balanced and proportionate and take into account a person's right to self-determination. If a person lacks capacity the need for Court of Protection involvement should be considered.

7. Risk Management & Self-Neglect Framework

The flowchart below will assist in making a request for a *Risk Management Meeting* or make a referral to the *Creative Solutions Forum*.

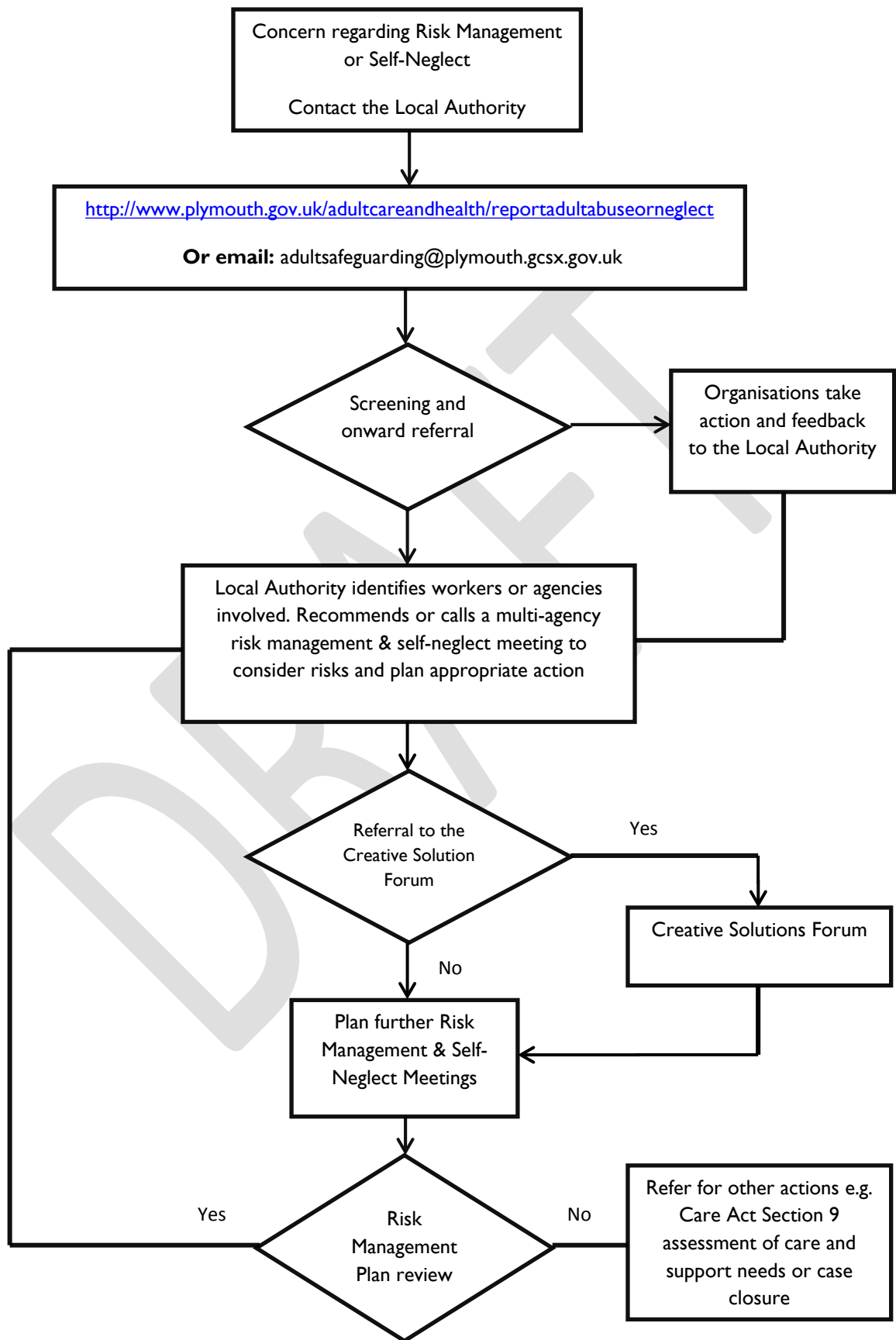
Requests can be made either via the online safeguarding form:

<http://www.plymouth.gov.uk/adultcareandhealth/reportadultabuseorneglect> or direct to the adultsafeguarding@plymouth.gcsx.gov.uk

Risk Management & Self-Neglect meeting requests or Creative Solutions Forum referrals will be reviewed during office hours (Monday to Friday).

If you wish to make an adult safeguarding referral please use:

<http://www.plymouth.gov.uk/adultcareandhealth/reportadultabuseorneglect> or call Plymouth City Council (01752) 668000 (includes the Out of Hours service).



Appendix I: Self- Neglect and Hoarding Threshold Tool

Self-Neglect and Hoarding Threshold Tool

Factors	Guidance		
1. The vulnerability of the person	Level of Vulnerability		
			<ul style="list-style-type: none"> Does the person have capacity to make decisions with regard to care provision / housing etc? Does the person have a diagnosed mental illness? Does the person have support from family or friends? Does the person accept care and treatment? Does the person have insight into the problems they face?
2. Types	Low risk	Moderate	High / Critical
Self Neglect			
Hoarding Property			
Hoarding household functions			
Hoarding Health and safety			
Hoarding Safeguarding			
			<ul style="list-style-type: none"> Refer to the table overleaf. Types and Seriousness of Hoarding and self-neglect. Look at the relevant categories of hoarding and self-neglect and use your knowledge of the case and your professional judgement to gauge the seriousness of concern. Incidents that might fall outside safeguarding adults procedures (Low Risk) could potentially be addressed via preventative measures such as engaging with the person, developing a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling If a Social Worker or nurse is involved in the care report concerns to them as part of preventative measures. <p>This tool does not replace professional judgement and does not aim to set a rigid threshold for intervention. Note professional decision making reflects the fact that the type & seriousness of hoarding and self-neglect may fall within the low risk threshold, other factors may make the issue more serious and therefore warrant progression via safeguarding procedures.</p>
3. Level of self-neglect / hoarding (See clutter rating scale for Hoarding)	Low risk	Moderate risk	High risk
			<p>Determine if the hoarding / self-neglect is:</p> <ul style="list-style-type: none"> A fire risk? Impacting on the person's wellbeing (Care Act 2014 definition)? Preventing access to emergency services? Affecting the person's ability to cook, clean and general hygiene? Creating limited access to main areas of the house? Is the person at increased risk of falls?
4. Background to hoarding / self-neglect	Low impact		Seriously affected
			<ul style="list-style-type: none"> Does the person have a disability that means that they cannot care for themselves? Does the person have mental health issues and to what extent? Has this been a long standing problem? Does the person engage with services, support and guidance offered? Are there social isolation issues?
5. Impact on others	No one else	Others	Others
			Others may be affected by the self-neglect or hoarding. Determine if:

	affected	indirectly affected	directly affected	<ul style="list-style-type: none"> Are there other vulnerable people (Children or adults) within the house affected by the persons hoarding / self-neglect? Does the hoarding / self-neglect prevent the person from seeing family and friends? Are there animals within the property that are not being appropriately cared for?
6. Reasonable suspicion of abuse	No suspicion	Indicators present	Reasonable suspicion	<p>Determine if there is reason to suspect:</p> <ul style="list-style-type: none"> That the hoarding self-neglect is an indicator that the person may be being abused The person may be targeted for abuse from local people That a crime may be taking place That the person is being neglected by someone else That safeguarding is required
7. Legal frameworks	No current legal issues	Some minor legal issues not currently impacting	Serious legal issues	<p>Try to determine whether:</p> <ul style="list-style-type: none"> The person is at risk of eviction, fines, non-payment issues There is an environmental risk that requires action – Public health issues There are safeguarding and animal welfare issues Fire risks that are a danger to others

Self-Neglect and Hoarding Threshold Tool

Types and Seriousness	<p>Examples of concerns that do not require formal safeguarding procedures and can be dealt with by other systems e.g. Health / GP intervention, community engagement, counselling, developing a rapport. It is likely that only concerns in the second column need to be reported – Use professional judgement</p>	<p>The Clutter Image Rating Scale CIR provides a direct reference point for identifying hoarding levels in homes. Examples below are likely to indicate the need for a referral for formal procedures. If there is any immediate danger of a crime or abuse to an individual evident, call 999 straight away and make a safeguarding referral..</p>	
Level of Risk	Minimal Risk	Moderate	High / Critical

<p>Self-Neglect</p>	<ul style="list-style-type: none"> • Person is accepting support and services • Health care is being addressed • Person is not losing weight • Person accessing services to improve wellbeing • There are no carer issues • Person has access to social and community activities • Person is able to contribute to daily living activities • Personal hygiene is good 	<ul style="list-style-type: none"> • Access to support services is limited • Health care and attendance at appointments is sporadic • Person is of low weight • Persons wellbeing is partially affected • Person has limited social interaction • Carers are not present • Person has limited access to social or community activities • Persons ability to contribute toward daily living activities is affected • Personal hygiene is becoming an issue 	<ul style="list-style-type: none"> • The person refuses to engage with necessary services • Health care is poor and there is deterioration in health • Weight is reducing • Wellbeing is affected on a daily basis • Person is isolated from family and friends • Care is prevented or refused • The person does not engage with social or community activities • The person does not manage daily living activities • Hygiene is poor and causing skin problems • Aids and adaptations refused or not accessed
<p>Clutter Image Rating</p>	<p>CIR 1 - 2</p>	<p>CIR 3 - 4</p>	<p>CIR 5 - 9</p>
<p>Hoarding - Property Characteristics</p>	<ul style="list-style-type: none"> • Room(s) score between 1-2 on the clutter image rating • All entrances, exits, rooms, stairways, roof space and windows accessible • Smoke alarms correctly installed and functional or referrals made to fire brigade to visit and install. • All services functional and maintained in good working order. • Access to property via garden front/rear is fully accessible with no evidence of overgrowth or clutter • Garden is accessible, tidy and maintained 	<ul style="list-style-type: none"> • Room(s) score between 3-4 on the clutter image rating • Entrances, exits, rooms, stairways and or windows partially obscured by items • Smoke alarms not installed or not functioning • Evidence of some indoor items stored outside • Evidence of light structural damage and or damp • Interior doors in poor condition • Water services is not fully functional • Access to property via front/rear garden is difficult due to presence of clutter • Evidence of moderate clutter outside property 	<ul style="list-style-type: none"> • Room(s) score between 5-9 on the clutter image rating • Entrances, exits, rooms, stairways and or windows severely obscured by items • Evidence of extreme clutter seen through windows • Smoke alarms not installed or not functioning • Evidence of multiple indoor items stored outside • Evidence of notable structural damage or outstanding repairs and or heavy damp • Interior doors missing or blocked open • Gas, electricity services damaged, not functioning properly or poorly maintained • Access to property via front/rear garden not possible due to excessive overgrowth or presence of clutter • Evidence of extreme clutter outside property • Property lacks ventilation due to clutter

Clutter Image Rating	CIR 1 - 2	CIR 3 - 4	CIR 5 - 9
Hoarding – Household Characteristics	<ul style="list-style-type: none"> No excessive clutter, all rooms can be safely used for their intended purpose. All rooms are rated 1-2 on the Clutter Image Rating Scale No additional unused household appliances appear in unusual locations around the property Property is maintained within terms of any lease or tenancy agreements where appropriate Property is not at risk of action by Environmental Health 	<ul style="list-style-type: none"> Clutter is causing congestion in the living spaces and is impacting on the use of the rooms for their intended purpose Clutter is causing congestion between the rooms, entrances and on stairways Inconsistent levels of housekeeping throughout the property Some household appliances are not functioning properly and there may be additional units in unusual places Property is not maintained within terms of lease or tenancy agreement where applicable Evidence of outdoor items being stored inside 	<ul style="list-style-type: none"> Clutter is severely obstructing the living spaces and is preventing use of the rooms for their intended purpose Beds are inaccessible or unusable due to clutter or infestation Entrances, hallways and stairways are blocked, very difficult or impossible to pass Toilets, sinks not functioning or not in use Unsafe cooking environment, household appliances are not functioning, unsafe or inaccessible Resident is using candles Evidence of poor smoking safety practices No evidence of housekeeping being undertaken Broken household items not discarded e.g. broken glass or plates Property is not maintained within terms of lease or tenancy agreement where applicable and is at risk of notice being served by Environmental Health Resident at risk due to living environment Evidence of outdoor clutter being stored indoors
Clutter Image Rating	CIR 1 - 2	CIR 3 - 4	CIR 5 - 9
Hoarding – Health and Safety	<ul style="list-style-type: none"> Property is clean with no odours, (pet or other) No rotting food No concerns regarding the use of candles 	<ul style="list-style-type: none"> Kitchen and bathroom are not kept clean Offensive odour in the property Resident is not maintaining safe cooking environment Some concern with the quantity of medication, 	<ul style="list-style-type: none"> Concern for declining mental health Human urine and or excrement may be present Excessive odour in the property, may also be evident from the outside Rotting food may be present

	<ul style="list-style-type: none"> • No concern over flies • Residents managing personal care • No writing on the walls • Quantities of medication are within appropriate limits, in date and stored appropriately. • Personal protective equipment is not required 	<p>or its storage or expiry dates.</p> <ul style="list-style-type: none"> • No rotting food • No concerning use of candles • Resident trying to manage personal care but struggling • No writing on the walls • Light insect infestation (bed bugs, lice, fleas, cockroaches, ants, etc.) • Latex Gloves, boots or needle stick safe shoes, face mask, hand sanitizer, insect repellent. • Personal Protective Equipment required. 	<ul style="list-style-type: none"> • Evidence may be seen of unclean, unused and or buried plates & dishes. • Broken household items not discarded e.g. broken glass or plates • Inappropriate quantities or storage of medication. • Pungent odour can be smelt inside the property and possibly from outside. • Concern with the integrity of the electrics • Inappropriate use of electrical extension cords or evidence of unqualified work to the electrics. • Concern for declining mental health • Heavy insect infestation (bed bugs, lice, fleas, cockroaches, ants, silverfish, etc.) • Visible rodent infestation
<p>Hoarding – Safeguarding of Children, family members and / or animals</p>	<ul style="list-style-type: none"> • No Concerns for household members 	<ul style="list-style-type: none"> • Hoarding on clutter scale 3-4 doesn't automatically constitute a Safeguarding Alert • Please note all additional concerns for householders • Properties with children or vulnerable residents with additional support needs may trigger a Safeguarding Alert 	<ul style="list-style-type: none"> • Hoarding on clutter scale 5-9 constitutes a Safeguarding Alert. • Please note all additional concerns for householders
<p>RESPONSIBILITY</p>	<p>All workers to engage with the person, develop a rapport, supporting the person to address concerns, getting the person to engage with community activities and develop / repair relationships, access to health care and counselling, improve wellbeing – Preventative measures</p>	<p>Consideration for referral into safeguarding</p>	<p>Consideration for referral into safeguarding</p>

Appendix 2: Clutter Image Scale

Scale can be access at: <http://www.ihrhelp.com/>

Appendix 3: Creative Solutions Forum

Terms of reference & referral form

Appendix 4: Further Information

Braye, S., Orr, D. and Preston-Shoot, M. (2014). *Self-Neglect Policy & Practice: Building an Evidence Base for Adult Social Care*. London: SCIE: <http://www.scie.org.uk/publications/reports/69-self-neglect-policy-practice-building-an-evidence-base-for-adult-social-care/>

Braye, S., Orr, D. and Preston-Shoot, M. (2015). 'Learning lessons about self-neglect? An analysis of serious case reviews.' *Journal of Adult Protection*. 17, 1, 3-18.

Making Safeguarding Personal Toolkit on the Local Government Association (LGA) website http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/6074789/ARTICLE